

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011024

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1785

FILED APR 16 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
26 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
623 EAST 107TH TERR. Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Margaret

Middle Elaine

Last Hastings

4. DATE OF DEATH

Month 3

Day 28

Year 62

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/10/18

9. AGE (last birthday) 43

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
OMAHA, NEBRASKA

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

UNKNOWN TIFT

## 13b. MOTHER'S MAIDEN NAME

FREDA CHRISTENSON

## 14. NAME OF HUSBAND OR WIFE

JESSE C. HASTINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
JESSE C. HASTINGS 623 EAST 107TH TERR. KANSAS CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Hemorrhagic Diathesis

### INTERVAL BETWEEN ONSET AND DEATH

1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

thrombocytopenia etiol undet

2 weeks

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Encephalopathy - etiol undet

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 61 to 3/28/62 and last saw her alive on 3/27/62  
Death occurred at 6:25 am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

409 E 63RD, Kansas City

## 22c. DATE SIGNED

3/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

MAR. 30, 1962

23c. NAME OF CEMETERY OR CREMATOR  
MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)  
KANSAS CITY

(State)  
MISSOURI

## 24. FUNERAL DIRECTOR

1331 BRUSH CR.  
D.W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.  
3-30-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Otto M. Spurny MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

3 x 382

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9296 X

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1261-0

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold L. Schmaack

Licensed Embalmer No. 3035

P. O. Address L. C. Hansen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.